

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>41229</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>JOSEPH A STINGER</u> P.O. Box, Bldg., Room No., if any _____ Street <u>753 STATE AVE, SUITE 450</u> City <u>KANSAS CITY</u> State <u>KS</u> ZIP Code + 4 <u>66101</u>	4. Name, file number, and address of labor organization. Name <u>BOILERMAKERS INTL.</u> Labor Organization File Number <u>000-074</u> P.O. Box, Building and Room Number, if any _____ Street <u>753 STATE AVE.</u> City <u>KANSAS CITY</u> State <u>KS</u> ZIP Code + 4 <u>66101</u>
5. Position in labor organization. <u>INTERNATIONAL VICE PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>BABCOCK &amp; WILCOX CONSTRUCTION</u> Trade Name, if any: <u>B &amp; W</u> P.O. Box, Bldg., Room No., if any _____ Street <u>90 EAST TUSCARAWAS AVE, PO BOX 665</u> City <u>BABBERTON</u> State <u>OHIO</u> ZIP Code + 4 <u>44203-0665</u>	7.a. Nature of Interest, Transaction, or Income. <u>LABOR MANAGEMENT CONFERENCE THAT INCLUDES OWNERS IN THE CONSTRUCTION INDUSTRY</u> <u>DATE OF EVENT: 9/26-28, 2004</u> 7.b. Amount. <u>FISHING \$50.00</u> <u>GOLF GIFT BASKET \$75.00</u> <u>\$125.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Joseph A. Stinger

On

7/22/05  
Date

(913) 281-8175  
Telephone Number

Name of Person Filing <b>JOSEPH A. STINGER</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS NATIONAL FUNDS**  
Trade Name, if any: **BOILERMAKER TRUST**  
P.O. Box, Bldg., Room No., if any   
Street **754 MINNESOTA AVE**  
City **KANSAS CITY**  
State **KANSAS** ZIP Code + **66101-2766**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE ON PENSION  
& ANNUITY TRUST &  
SECRETARY OF ANNUITY  
TRUST**

11.b. Approximate dollar value of such dealing.

**6.5 BILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

**\$438.27**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing

JOSEPH A. STINGER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS NATIONAL FUND

Trade Name, if any: BOILERMAKER TRUST

P.O. Box, Bldg., Room No., if any

Street 754 MINNESOTA AVE

City KANSAS CITY

State KANSAS ZIP Code + 66101-2766

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE ON PENSION  
& ANNUITY TRUST &  
SECRETARY OF ANNUITY  
TRUST

11.b. Approximate dollar value of such dealing.

6.5 BILLION

12.a. Nature of interest held or income received.

TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)

12.b. Amount.

\$565.29

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

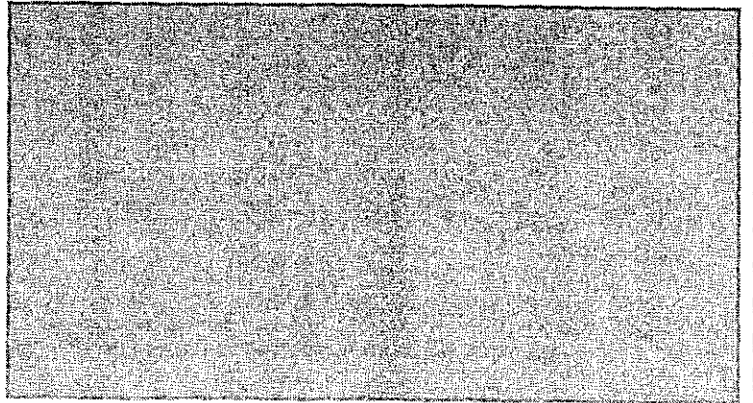
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



Name of Person Filing

JOSEPH A. STINGER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS NATIONAL FUND

Trade Name, if any: BOILERMAKER TRUST

P.O. Box, Bldg., Room No., if any

Street 754 MINNESOTA AVE

City KANSAS CITY

State KANSAS ZIP Code + 66101-2766

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE ON PENSION  
& ANNUITY TRUST &  
SECRETARY OF ANNUITY  
TRUST

11.b. Approximate dollar value of such dealing.

6.5 BILLION

12.a. Nature of interest held or income received.

TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)

12.b. Amount.

\$6450.66

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

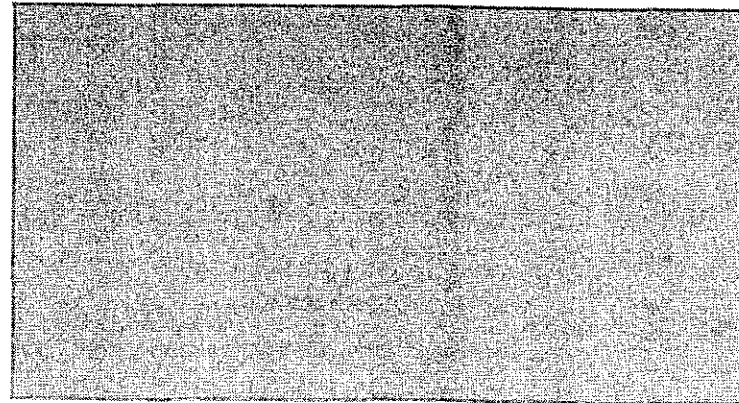
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



✓ THIS VOUCHER IS FOR: JOSEPH STINGER (ANNUITY) \_\_\_\_\_

☐ Expenses in connection with attendance at Trust Meeting on dates 11/30 in FT.MYERS, FL  
for SETTLEMENT COMMITTEE

☐ Other: \_\_\_\_\_

Transportation:

Date of Departure: 11/29 Date of Return: —

☐ Private automobile \_\_\_\_\_ miles at \_\_\_\_\_ per miles.....\$ —

☐ Airfare or Other (Attach Copy of Ticket).....\$ 117.00

☐ Transportation to/from Airport Terminal.....\$ —

☐ Approved Rental Car (including gas for rental car).....\$ 55.56

☐ Hotel or Motel Expense for Room Charge and taxes only (attach copy of bill).....\$ 184.21  
1 nights @ \$ 184.21

☐ Meeting Registration Fee: (Attach Receipt) .....\$ —

☐ Daily Expenses from reverse side of voucher.....\$ 71.50

TOTAL EXPENSES \$ 428.27

LESS Advance (if any) \$ ( — )

☐ Refund, which I owe to the Trust Fund. My check is attached. \$ —

☐ Amount owing me by the Trust Fund. I request a reimbursement of: \$ 428.27

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund activity noted above and not otherwise reimbursed.

DATE: 12/02/04 SIGNATURE: Joseph A. Stinger

APPROVED BY: \_\_\_\_\_

**NOTE TO TRUSTEE:** This voucher is for direct expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

THIS VOUCHER IS FOR: JOSEPH A. STINGER

☐ Expenses in connection with attendance at Trust Meeting on dates Nov. 10-11 2004 in Houston, Texas  
for Pension Investment Committee Meeting

☐ Other: \_\_\_\_\_

Transportation:

Date of Departure: 11/10/04 Date of Return: 11/11/04

☐ Private automobile \_\_\_\_\_ miles at \_\_\_\_\_ per miles.....\$ - 0 -

☐ Airfare or Other (Attach Copy of Ticket).....\$ 355.20

☐ Transportation to/from Airport Terminal AIRPORT PARKING.....\$ 36.00

☐ Approved Rental Car (including gas for rental car).....\$ \_\_\_\_\_

☐ Hotel or Motel Expense for Room Charge and taxes only (attach copy of bill).....\$ 139.23  
\_\_\_\_\_ nights @ \$ \_\_\_\_\_

☐ Meeting Registration Fee: (Attach Receipt) .....\$ \_\_\_\_\_

☐ Daily Expenses from reverse side of voucher.....\$ 34.86

**TOTAL EXPENSES** \$ 565.29

**LESS Advance (if any)** \$ ( - 0 - )

☐ Refund, which I owe to the Trust Fund. My check is attached. \$ - 0 -

☐ Amount owing me by the Trust Fund. I request a reimbursement of: \$ 565.29

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund activity noted above and not otherwise reimbursed.

DATE: 11/12/04 SIGNATURE: Joseph A. Stinger

APPROVED BY: \_\_\_\_\_

**NOTE TO TRUSTEE:** This voucher is for direct expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location: Houston, Texas Purpose: Pension Investment Committee Meeting

Number of Days Spent on this Activity, including Travel Days: 2

**Do not include any expenses, which have been listed for reimbursement on the front of your Trustee Expense Report. Attach receipts for items over \$25.**

Date:	<u>10/10</u>	<u>11/11</u>				
Breakfast:	<u>7.25</u>	<u>-0.</u>				
Lunch:	<u>-0.</u>	<u>-0.</u>				
Dinner:	<u>-0.</u>	<u>20.21</u>				
Snacks:						
Beverages:		<u>5.40</u>				
Tips: <u>/maid</u>		<u>2.00</u>				
Taxi/Limo:						
Auto Rent:						
Mileage:						
Phone:						
Other:						
Daily Total:	<u>7.25</u>	<u>27.61</u>				

Date:						
Breakfast:						
Lunch:						
Dinner:						
Snacks:						
Beverages:						
Tips:						
Taxi/Limo:						
Auto Rent:						
Mileage:						
Phone:						
Other:						
Daily Total:						

GRAND TOTAL \$ 34.86

THIS VOUCHER IS FOR: Joseph A. Stinger

☐ Expenses in connection with attendance at Trust Meeting at:

Amelia Island, FL of September 18 - 23, 2004  
*Location* *Date(s)*

☐ Other: \_\_\_\_\_

Transportation:

Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_

- ☐ Private Automobile \_\_\_\_\_ Miles at .375 Per Mile.....\$ -0-  
☒ Air Fare ☐ Other - (Attach Copy of Ticket) .....\$ 319.90  
☐ Transportation to and from Airport, Terminal .....\$ \_\_\_\_\_  
☒ Approved Rental Car .....\$ 175.75

Hotel or Motel:

- ☐ Hotel or Motel Expense for Room Charge and Tax Only.....\$ 766.80  
(Attach Copy of Bill)

Meeting Registration Fee:

- ☐ Meeting Registration Fee Expense (Attach Receipt) .....\$ -0-

Daily Expenses:

- ☐ Daily Expenses (From Reverse Side of Voucher).....\$ 188.21

**TOTAL EXPENSES** \$ \_\_\_\_\_

LESS: Advance (if any) \$ ( \_\_\_\_\_ )

EQUALS

- ☐ Refund which I owe to Trust Fund. My Check is attached. ....\$ \_\_\_\_\_  
☐ Amount owing me by Trust Fund. I request reimbursement.....\$ 1,450.66

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

9/24/04  
*Date*

Joseph A. Stinger  
*Signature*

APPROVED BY: \_\_\_\_\_

**NOTE TO TRUSTEE:** This voucher is for direct expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location Amelia Island, FL Number of Days Spent on this Activity \_\_\_\_\_  
 Purpose Board Meetings Including Travel Days \_\_\_\_\_

Do not include any expenses which have been listed for reimbursement on the front of your Trustee Expense Report. Attach receipts for items over \$25.

Date	9/20	9/21	9/22	9/23	9/24	
Breakfast	7.69	-0-	-0-	-0-	3.85	
Lunch	18.90	0-	10.00	-0-	11.63	
Dinner	12.75	23.96	15.00	63.38		
Snacks						
Beverages		4.00	4.05			
Tips						
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
Other	Baggage 3.00	Maid 3.00	Maid 3.00	Maid 2.00	Maid 2.00	
Daily Total	42.34	30.96	32.05	65.38	17.48	188.21

Date						
Breakfast						
Lunch						
Dinner						
Snacks						
Beverages						
Tips						
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
Other						
Daily Total						

GRAND TOTAL 188.21

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS NATIONAL****FUND**Trade Name, if any: **BOILERMAKER TRUST**

P.O. Box, Bldg., Room No., if any

Street **254 MINNESOTA AVE**City **KANSAS CITY**State **KANSAS** ZIP Code + **66101-2766**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE ON PENSION  
& ANNUITY TRUST &  
SECRETARY OF ANNUITY  
TRUST**

11.b. Approximate dollar value of such dealing.

**6.5 BILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

**\$206,29**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

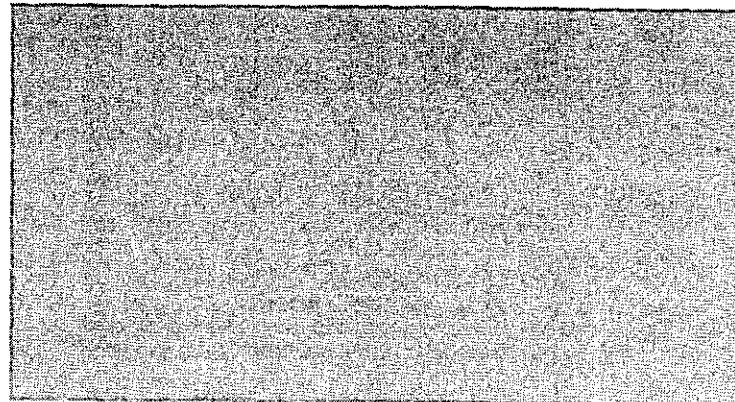
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <b>JOSEPH A. STINGER</b>		File Number U-
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name <b>CALLAN ASSOCIATES</b> Trade Name, if any: <b>CALLAN</b> P.O. Box, Bldg., Room No., if any <b>550</b> Street <b>EAST 8TH AVE.</b> City <b>DENVER</b> State <b>COLORADO</b> ZIP Code + 4 <b>80203</b>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. <b>* BOILERMAKERS BLACKSMITH NATIONAL PENSION TRUST</b> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <b>754 MINNESOTA AVE.</b> City <b>KANSAS CITY</b> State <b>KANSAS</b> ZIP Code + 4 <b>66101-3766</b> <b>* ALSO THE:</b> <b>NATIONAL PENSION TRUST</b> <b>NATIONAL H &amp; W TRUST</b> <b>BOTH AT THE ABOVE ADDRESS</b>	11.a. Nature of such dealing. <b>FINANCIAL ADVISORS</b> <hr/> 11.b. Approximate dollar value of such dealing. <b>\$858,035</b> 12.a. Nature of interest held or income received. <b>DINNER ON 4/10/2004</b> <b>@ PORTLAND, OREGON</b> <b>DURING INVESTMENT</b> <b>COMMITTEE MEETING.</b>	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____		14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.b. Amount of payment. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Name of Person Filing

JOSEPH A. STINGER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BLAKE & UHLICTrade Name, if any: P.O. Box, Bldg., Room No., if any 475 NEW BRO. BLDG.Street 753 STATE AVECity KANSAS CITYState KANSAS ZIP Code + 4 66101

9. Business deals with:

☒ a. Labor Organization☒ . Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

\* BOILER MAKERS BLACKSMITH  
Name NATIONAL PENSION TRUSTTrade Name, if any: P.O. Box, Bldg., Room No., if any Street 754 MINNESOTA AVENUECity KANSAS CITYState KANSAS ZIP Code + 4 66101-274

\* ALSO THE:  
NATIONAL ANNUITY TRUST  
NATIONAL HEW TRUST  
BOTH @ THE ABOVE ADDRESS  
(OVER)

11.a. Nature of such dealing.

ATTORNEY FOR THE  
UNION & VARIOUS TRUST  
FUNDS

11.b. Approximate dollar value of such dealing.

\$ 625,208.47

12.a. Nature of interest held or income received.

DINNER WITH ATTORNEYS  
VARIOUS UNION OFFICIALS  
ON 12/6/04.

12.b. Amount

\$ 66.45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment

14.b. Amount of payment

10.-CONTINUED

THE OFFICERS & EMPLOYEES PENSION PLAN  
753 STATE AVE  
KANSAS CITY, KS 66101

11(a) ATTORNEY FOR THE TRUST

of an employer whose employees your labor organization represents or is actively seeking to represent, or  
(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise  
dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name HGK ASSET MANAGEMENT  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any NEWPORT TOWER  
Street 525 WASHINGTON BLVD.  
City JERSEY CITY  
State NJ ZIP Code + 4 07310

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BOILERMAKERS NATIONAL  
PENSION TRUST  
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street 754 MINNESOTA AVE  
City KANSAS CITY  
State KS ZIP Code 64101-0766

(OVER)

11.a. Nature of such dealing.

MONEY MANAGER

11.b. Approximate dollar value of such dealing.

173 MILLION

12.a. Nature of interest held or income received.

FISHING SHIRT

12.b. Amount.

850.00

C. Received from any employer (other than an employer covered under parts A and B above)  
or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant  
(including trade name, if any).

Name   
Trade Name, if any:   
P.O. Box, Bldg., Room No., if any   
Street   
City   
State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

10. THE OFFICERS & EMPLOYEES PENSION PLAN  
753 NEW BROTHERHOOD BLDG.  
KC, KS

11. (a) MONEY MANAGER

(b) \$10,122,093

Name of Person Filing

JOSEPH A. STINGER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name BAUER &amp; BAEBLER

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1010 MARKET ST., STE 380

City ST LOUIS

State MISSOURI ZIP Code + 4 63101

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

DESIGNATED ATTORNEYS  
IN RAILROAD INDUSTRY  
FOR WORKER INJURY  
(FELA) CLAIMS/CASES

11.b. Approximate dollar value of such dealing.

-0-

12.a. Nature of interest held or income received.

CHRISTMAS HAM

12.b. Amount.

\$ 83.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

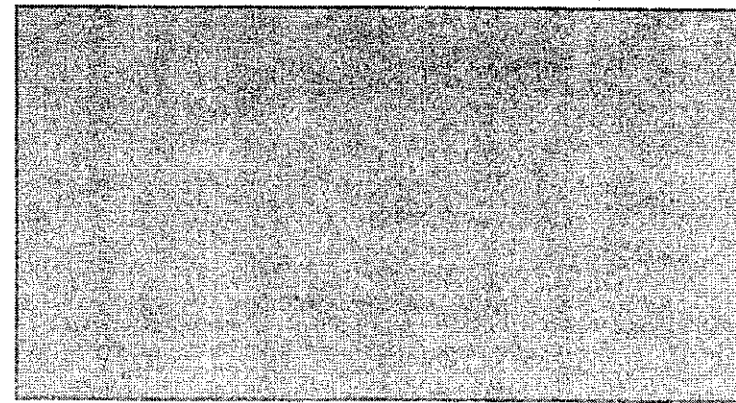
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment



14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **HIGHSHAW MAHONEY & CLARK**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **1050 17TH ST NW #210**City **WASHINGTON**State **DC** ZIP Code + 4 **20036**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**ATTORNEY**

11.b. Approximate dollar value of such dealing.

**-0-**

12.a. Nature of interest held or income received.

**CHRISTMAS FRUIT  
BASKET**

12.b. Amount.

**\$54.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

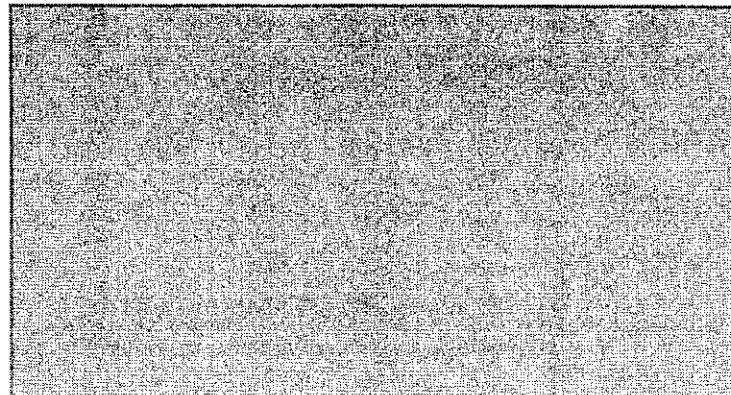
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.



14.b. Amount of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **FIFTH THIRD ASSET MGMT.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **707 GRANT ST., SUITE 2000**City **PITTSBURGH**State **PA** ZIP Code + 4 **15219**

## 9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **BOILERMAKER BLACKSMITH  
NATIONAL PENSION TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **734 MINNESOTA AVENUE**City **KANSAS CITY**State **KANSAS** ZIP Code **6410-2744**

## 11.a. Nature of such dealing.

**SEEKING MONEY  
MANAGER STATUS**

## 11.b. Approximate dollar value of such dealing.

**-0-**

## 12.a. Nature of interest held or income received.

**CHRISTMAS HAM**

## 12.b. Amount.

**\$50.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

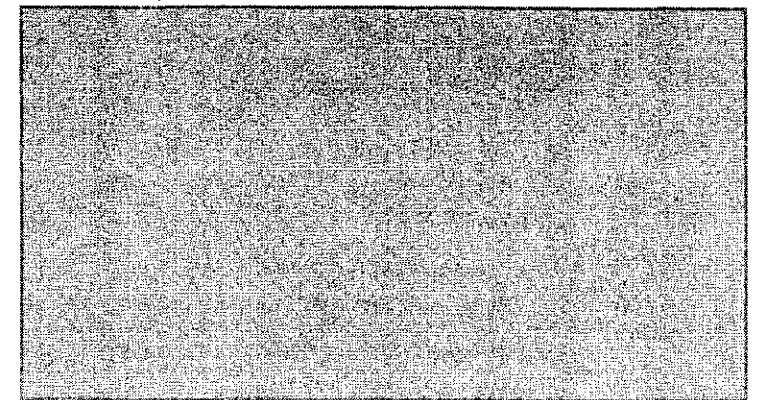
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

## 14.b. Amount of payment.

THIS VOUCHER IS FOR: Joseph A. Stinger

☐ Expenses in connection with attendance at Trust Meeting at:

Kansas City, KS of August 26, 2004  
*Location* *Date(s)*

☐ Other: \_\_\_\_\_

Transportation:

Date of Departure \_\_\_\_\_ Date of Return \_\_\_\_\_

- ☐ Private Automobile \_\_\_\_\_ Miles at .375 Per Mile.....\$ \_\_\_\_\_
- ☐ Air Fare ☐ Other - (Attach Copy of Ticket) .....\$ \_\_\_\_\_
- ☐ Transportation to and from Airport, Terminal .....\$ \_\_\_\_\_
- ☐ Approved Rental Car .....\$ \_\_\_\_\_

Hotel or Motel:

- ☐ Hotel or Motel Expense for Room Charge and Tax Only .....\$ \_\_\_\_\_  
(Attach Copy of Bill)

Meeting Registration Fee:

- ☐ Meeting Registration Fee Expense (Attach Receipt) .....\$ \_\_\_\_\_

Daily Expenses:

- ☐ Daily Expenses (From Reverse Side of Voucher) .....\$ 206.29

**TOTAL EXPENSES** \$ 206.29

LESS: Advance (if any) \$ ( \_\_\_\_\_ )

EQUALS

- ☐ Refund which I owe to Trust Fund. My Check is attached. ....\$ \_\_\_\_\_
- ☒ Amount owing me by Trust Fund. I request reimbursement.....\$ 206.29

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

8/27/04  
*Date*

Joseph A. Stinger  
*Signature*

APPROVED BY: \_\_\_\_\_

**NOTE TO TRUSTEE:** This voucher is for direct expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location Kansas City, KS Number of Days Spent on this Activity \_\_\_\_\_  
Purpose Settlement Committee Including Travel Days \_\_\_\_\_

Do not include any expenses which have been listed for reimbursement on the front of your Trustee Expense Report. Attach receipts for items over \$25.

Date 8/27  
Breakfast -0-  
Lunch \$149.17 NOTE: This lunch was for ten(10)  
Dinner 55.00 persons. See attached list. JHS  
Snacks \_\_\_\_\_  
Beverages UNION PROVIDED  
Tips \_\_\_\_\_  
Taxi/Limo \_\_\_\_\_  
Auto Rent \_\_\_\_\_  
Mileage \_\_\_\_\_  
Phone \_\_\_\_\_  
Other ICE 2.12  
Daily Total 206.29

Date \_\_\_\_\_  
Breakfast \_\_\_\_\_  
Lunch \_\_\_\_\_  
Dinner \_\_\_\_\_  
Snacks \_\_\_\_\_  
Beverages \_\_\_\_\_  
Tips \_\_\_\_\_  
Taxi/Limo \_\_\_\_\_  
Auto Rent \_\_\_\_\_  
Mileage \_\_\_\_\_  
Phone \_\_\_\_\_  
Other \_\_\_\_\_  
Daily Total \_\_\_\_\_

GRAND TOTAL 206.29

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS NATIONAL FUNDS**  
Trade Name, if any: **BOILERMAKER TRUST**  
P.O. Box, Bldg., Room No., if any  
Street **754 MINNESOTA AVE**  
City **KANSAS CITY**  
State **KANSAS** ZIP Code **+66101-2766**

## 9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

## 11.a. Nature of such dealing.

**TRUSTEE ON PENSION  
& ANNUITY TRUST &  
SECRETARY OF ANNUITY  
TRUST**

## 11.b. Approximate dollar value of such dealing.

**6.5 BILLION**

## 12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)**

## 12.b. Amount.

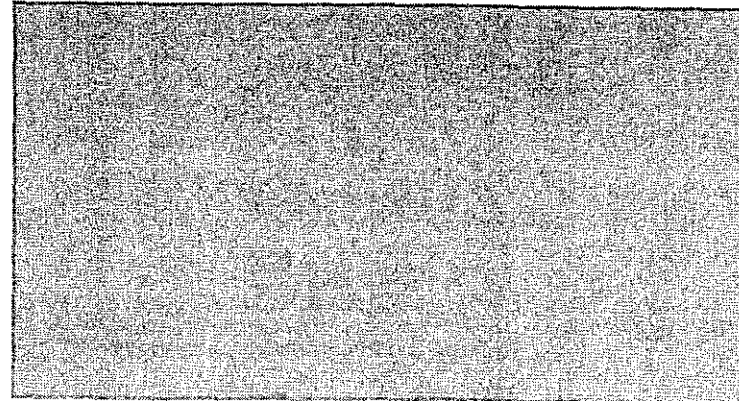
**\$106343**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

APR 07 2004

THIS VOUCHER IS FOR: Joseph A. Stinger☐ Expenses in connection with attendance at Trust Meeting at:Portland, OR  
Locationof April 1, 2004  
Date(s)☐ Other: \_\_\_\_\_

## Transportation:

Date of Departure 3/30/04 Date of Return 4/02/04

- ☐ Private Automobile \_\_\_\_\_ Miles at \_\_\_\_\_ Per Mile ..... \$ -0-
- ☒ Air Fare ☐ Other - (Attach Copy of Ticket) ..... \$ 616.70 ✓
- ☒ Transportation to and from Airport, Terminal ..... \$ -0-
- ☐ Approved Rental Car ..... \$ -0-

## Hotel or Motel:

- ☒ Hotel or Motel Expense for Room Charge and Tax Only ..... 2 @ 146.25 \$ 292.50 ✓
- (Attach Copy of Bill)

## Meeting Registration Fee:

- ☐ Meeting Registration Fee Expense (Attach Receipt) ..... \$ -0-

## Daily Expenses:

- ☒ Daily Expenses (From Reverse Side of Voucher) ..... \$ 154.23  
124.23 ✓
- TOTAL EXPENSES** \$ 1063.43 ✓

LESS: Advance (if any)

\$ (-0-)

## EQUALS

- ☐ Refund which I owe to Trust Fund. My Check is attached. .... \$ \_\_\_\_\_
- ☒ Amount owing me by Trust Fund. I request reimbursement. .... \$ 1063.43 ✓

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

April 06, 2004  
DateJoseph A. Stinger  
Signature4/7/04

APPROVED BY: \_\_\_\_\_

**NOTE TO TRUSTEE:** This voucher is for direct expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location Portland, OR Number of Days Spent on this Activity \_\_\_\_\_  
Purpose Pension Investment Committee Including Travel Days 3

Do not include any expenses which have been listed for reimbursement on the front of your Trustee Expense Report. Attach receipts for items over \$25.

Date	<u>3/31</u>	<u>4/01</u>	<u>4/02</u>			
Breakfast	<u>19.45</u> ✓	<u>-0-</u>	<u>8.38</u> ✓			
Lunch	<u>-0-</u>	<u>-0-</u>				
Dinner	<u>83.40</u> ✓	<u>-0-</u>				
Snacks						
Beverages		<u>5.00</u>				
Tips	<u>4.00</u>	<u>2.00</u>	<u>2.00</u>			
Taxi/Limo	<u>30.00</u> ✓					
Auto Rent						
Mileage						
Phone						
Other						
Daily Total	<u>136.85</u> ✓	<u>7.00</u> ✓	<u>10.38</u> ✓			

Date						
Breakfast						
Lunch						
Dinner						
Snacks						
Beverages						
Tips						
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
Other						
Daily Total						

GRAND TOTAL 154.23 ✓

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS NATIONAL FUNDS**  
Trade Name, if any: **BOILERMAKER TRUST**  
P.O. Box, Bldg., Room No., if any  
Street **754 MINNESOTA AVE**  
City **KANSAS CITY**  
State **KANSAS** ZIP Code + 4 **66101-2766**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE ON PENSION  
& ANNUITY TRUST &  
SECRETARY OF ANNUITY  
TRUST**

11.b. Approximate dollar value of such dealing.

**6.5 BILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

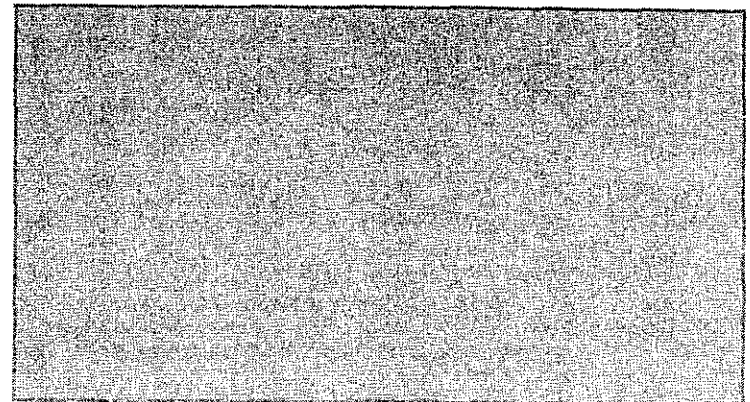
**\$1,902.90**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Do not include any expenses which have been listed for reimbursement on the front of your Trustee Expense Report. Attach receipts for items over \$25.

Date						
Breakfast						
Lunch						
Dinner						
Snacks						
Beverages						
Tips						
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
Other						
<b>Daily Total</b>						

GRAND TOTAL 176.09

AS VOUCHER IS FOR: Joseph A. Stinger

☐ Expenses in connection with attendance at Trust Meeting at:

San Diego, CA  
Location

of June 18 - 25, 2004  
Date(s)

☐ Other: \_\_\_\_\_

Transportation:

Date of Departure 6/18/04 Date of Return 6/23/04

- ☐ Private Automobile \_\_\_\_\_ Miles at .375 Per Mile.....\$ -0-  
☒ Air Fare ☐ Other - (Attach Copy of Ticket) .....\$ 359.80  
☐ Transportation to and from Airport, Terminal .....\$ DIRECT BILL  
☐ Approved Rental Car .....\$ 141.56

Hotel or Motel:

- ☐ Hotel or Motel Expense for Room Charge and Tax Only .....\$ 1,225.45  
(Attach Copy of Bill)

Meeting Registration Fee:

- ☐ Meeting Registration Fee Expense (Attach Receipt) .....\$ -0-

Daily Expenses:

- ☐ Daily Expenses (From Reverse Side of Voucher) .....\$ 176.09  
**TOTAL EXPENSES** \$ 1,902.90  
\$ ( )

LESS: Advance (if any)

EQUALS

- ☐ Refund which I owe to Trust Fund. My Check is attached. ....\$ 0-  
☐ Amount owing me by Trust Fund. I request reimbursement.....\$ 1,902.90

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

July 7, 2004  
Date

Joseph A. Stinger  
Signature

APPROVED BY: \_\_\_\_\_

**NOTE TO TRUSTEE:** This voucher is for direct expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Name of Person Filing <b>JOSEPH A. STINGER</b>	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS NATIONAL FUNDS**  
Trade Name, if any: **BOILERMAKER TRUST**  
P.O. Box, Bldg., Room No., if any  
Street **754 MINNESOTA AVE**  
City **KANSAS CITY**  
State **KANSAS** ZIP Code + **66101-2766**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE ON PENSION  
& ANNUNITY TRUST &  
SECRETARY OF ANNUNITY  
TRUST**

11.b. Approximate dollar value of such dealing.

**6.5 BILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

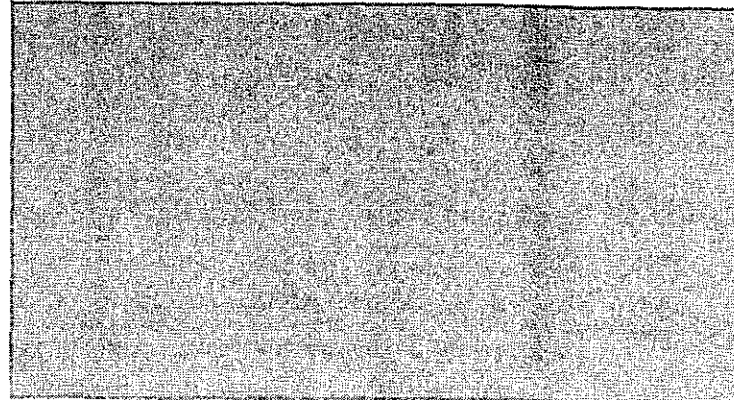
**\$1972.84**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

14.a. Nature of payment.



13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

THIS VOUCHER IS FOR: Joseph A. Stinger

Las Vegas, NV

of

March 14 – 19, 2004

*Location*

Date(s)

☐ Other:

Date of Departure

3/13/04

Date of Return

3/19/04

☐ Private Automobile \_\_\_\_\_ Miles at .375 Per Mile.....\$

☒ Air Fare    ☐ Other - (Attach Copy of Ticket) .....\$

☒ Transportation to and from Airport, Terminal .....\$

☐ Approved Rental Car.....\$

☒ Hotel or Motel Expense for Room Charge and Tax Only.....6 @ 173 <sup>52</sup>.....\$

(Attach Copy of Bill)

☐ Meeting Registration Fee Expense (Attach Receipt) .....\$

☒ Daily Expenses (From Reverse Side of Voucher).....\$

**TOTAL EXPENSES \$**

LESS: Advance (if any)

\$ ( )

☒ Refund which I owe to Trust Fund. My Check is attached. .... \$

☐ Amount owing me by Trust Fund. I request reimbursement:.....\$

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

3/22/04

Date \_\_\_\_\_

Joseph A. Stinger  
Signature

*Signature*

APPROVED BY:

**NOTE TO TRUSTEE:** This voucher is for direct expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location Las Vegas, NV Number of Days Spent on this Activity \_\_\_\_\_  
 Purpose Board Meetings Including Travel Days \_\_\_\_\_

Do not include any expenses which have been listed for reimbursement on the front of your Trustee Expense Report. Attach receipts for items over \$25.

Date	8/13/04	8/14	8/15	8/16	8/17	8/18
Breakfast	-0-	-0-	-0-	-0-	-0-	-0-
Lunch	11.17	-0-	-0-	-0-	-0-	-0-
Dinner	44.47 <sup>W</sup>	-0-	28.83 <sup>W</sup>	44.88 <sup>W</sup>	-0-	38.25 <sup>W</sup>
Snacks						
Beverages		9.68 <sup>W</sup>				
Tips	10.00	MAID 3.00	MAID 3.00	MAID 11.00	MAID 3.00	MAID 3.00
Taxi/Limo						
Auto Rent						
Mileage						
Phone					FAX/MAIL	8.15 <sup>W</sup>
Other						
Daily Total	65.64 <sup>W</sup>	12.68 <sup>W</sup>	31.83 <sup>W</sup>	55.88 <sup>W</sup>	3.00 <sup>W</sup>	49.40 <sup>W</sup>
Date	8/19					
Breakfast	10.75					
Lunch						
Dinner						
Snacks						
Beverages						
Tips	MAID & BAGGAGE 8.00					
Taxi/Limo	16.00 <sup>W</sup>					
Auto Rent						
Mileage						
Phone						
Other						
Daily Total	34.75 <sup>W</sup>					
GRAND TOTAL						253.18 <sup>W</sup>

Name of Person Filing

JOSEPH A. STINGER

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

BOILERMAKERS NATIONAL  
FUND

Trade Name, if any:

BOILERMAKER TRUST

P.O. Box, Bldg., Room No., if any

Street 254 MINNESOTA AVE

City KANSAS CITY

State KANSAS

ZIP Code + 66101-2766

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

TRUSTEE ON PENSION  
& ANNUITY TRUST &  
SECRETARY OF ANNUITY  
TRUST

11.b. Approximate dollar value of such dealing.

6.5 BILLION

12.a. Nature of interest held or income received.

TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)

12.b. Amount.

\$2135.49

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

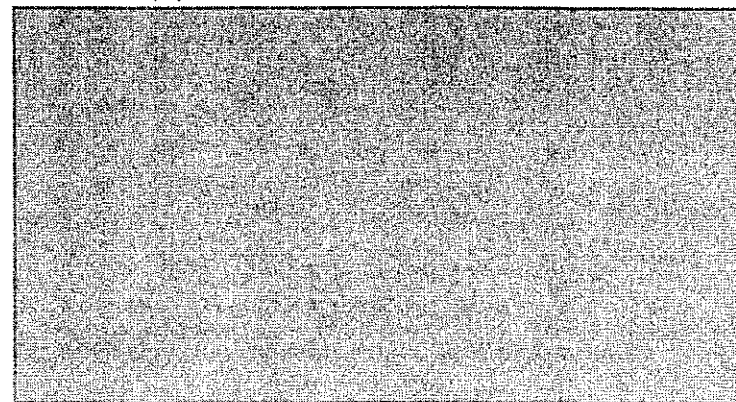
Street

City

State

ZIP Code + 4

14.a. Nature of payment.



14.b. Amount of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

707 10 2004

THIS VOUCHER IS FOR: Joseph A. Stinger

☐ Expenses in connection with attendance at Trust Meeting at:

Palm Beach Gardens, FL of January 18 - 23, 2004  
Location Date(s)

☐ Other: \_\_\_\_\_

Transportation:

Date of Departure 1/17/04 Date of Return 1/23/04

- ☐ Private Automobile \_\_\_\_\_ Miles at .375 Per Mile.....\$ - 0 -
- ☐ Air Fare ☐ Other - (Attach Copy of Ticket) .....\$ 346.40
- ☐ Transportation to and from Airport, Terminal .....\$ - 0 -

Hotel or Motel:

- ☐ Hotel or Motel Expense for Room Charge and Tax Only.....6 @ 277<sup>20</sup> \$ 1663.20  
(Attach Copy of Bill)

Meeting Registration Fee:

- ☐ Meeting Registration Fee Expense (Attach Receipt) .....\$ - 0 -

Daily Expenses:

- ☐ Daily Expenses (From Reverse Side of Voucher).....\$ 123.89

TOTAL EXPENSES 2133.49  
\$ 2135.49

LESS: Advance (if any)

EQUALS

- ☐ Refund which I owe to Trust Fund. My Check is attached. ....\$ \_\_\_\_\_
- ☒ Amount owing me by Trust Fund. I request reimbursement.....\$ 2133.49  
2135.49

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

2/02/04  
Date

Joseph A. Stinger  
Signature

APPROVED BY: \_\_\_\_\_

NOTE TO TRUSTEE: This voucher is for direct expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location Palm Beach Gardens, FL Number of Days Spent on this Activity \_\_\_\_\_  
 Purpose Board Meetings Including Travel Days \_\_\_\_\_

Do not include any expenses which have been listed for reimbursement on the front of your Trustee Expense Report. Attach receipts for items over \$25.

Date	1/17/04	1/18/04	1/19/04	1/20/04	1/21/04	1/22/04
Breakfast	11.32	/	/	/	/	/
Lunch	23.88	/	/	/	/	/
Dinner	49.47	/	/	/	/	/
Beverages						
Tips	4.00	2.00	2.00	2.00	2.00	2.00
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
BAGGAGE	3.00		FAX 2.65	FAX 4.24	FAX 1.06	COPIES & FAX 7.32
Other						
Daily Total	91.67	2.00	4.65	6.24	3.06	9.32

Date	1/23/04					
Breakfast	6.95					
Lunch	-0-					
Dinner	-0-					
Beverages						
Tips	2.00					
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
Other						
Daily Total	8.95					

125.89  
 GRAND TOTAL 123.89

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS WESTERN STATES****JAC**Trade Name, if any: **WESTERN STATES JAC**

P.O. Box, Bldg., Room No., if any

Street **P.O. BOX 1460**City **EAST HELENA, MT**State **MT** ZIP Code + 4 **59635**

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE-SECRETARY OF TRUST**

11.b. Approximate dollar value of such dealing.

**1.5 million**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED MEETING EXPENSES (SEE ATTACHED ACTION 16 REPORT)**

12.b. Amount.

**\$786.71**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

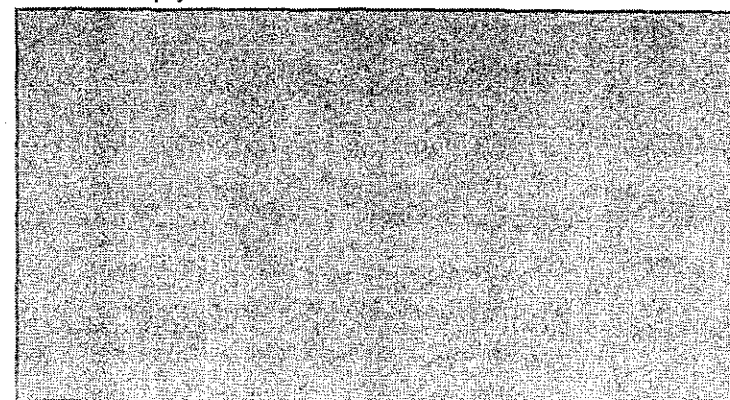
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



NAME	ADDRESS	DATE FILED FOR EXPENSE
JOE STINGER	7700 NW BLVD, PRUN, KC, MO	6/1/52
LOCATION OF MEETING	DATES OF MEETING	
ORLANDA, FLA	5/4-7	
PURPOSE OF MEETING		
BNAP		

FROM	KC	TO	ORLANDO	PRIVATE AUTO EXPENSE (IRS RATE)	73.60
DATE OF DEPARTURE	5/4	DATE OF RETURN	5/7	PARKING/TAXI/LIMO (to/from airport)	
				AIR FARE (COACH / ECONOMY)	135.00
INVOICE NO.					TOTAL TRAVEL
					208.60

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
<u>DATE &amp; DAY</u>	5/4	5/5						TOTAL HOTEL
<u>ROOM COST</u>	192.29	192.29						

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7
BREAKFAST	-0-	6.10	6.15				
LUNCH	13.96	-0-	13.76				
DINNER	22.65	6.15					
TIPS	2.00	4.00	5.00				
BEVERAGE	9.00	15.00	5.50				
PHONE							
OTHER							
CAR RENTAL			80.26				
TAXI/LIMO	2.00		2.00				
TOLLS							
TOTALS	49.61	31.25	112.67				193.53

SUBMITTED BY (signature): Joseph W. Stinger  
I REQUEST THE REIMBURSEMENT BE MADE PAYABLE TO: Myself at  
AND SENT TO THE FOLLOWING ADDRESS: my official address

GRAND TOTAL	786.71
REIMBURSEMENT	786.71

TRANSPORTATION SUMMARY  HOTEL SUMMARY  DAILY SUMMARY   
 GRAND TOTAL SUMMARY  REIMBURSEMENT SUMMARY

Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name BOILERMAKERS WESTERN STATES JACTrade Name, if any: WESTERN STATES JAC

P.O. Box, Bldg., Room No., if any

Street P.O. BOX 1460City EAST HELENA, MTState MT ZIP Code + 4 59635

## 9. Business deals with:

- ☒ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 11.a. Nature of such dealing.

TRUSTEE-SECRETARY OF TRUST

## 11.b. Approximate dollar value of such dealing.

1.5 MILLION

## 12.a. Nature of interest held or income received.

TRAVEL, MEALS & RELATED MEETING EXPENSES (SEE ATTACHED EXPENSE REPORT)

## 12.b. Amount.

\$1,358.89

## C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

**BOILERMAKERS WESTERN STATES APPRENTICESHIP  
COMMITTEE EXPENSE STATEMENT**

NAME	ADDRESS	DATE FILED FOR EXPENSE
SEPH A. STINGER	7700 NW BLVD PKWY, KC, MO 64152	7/13-16, 2004
LOCATION OF MEETING	DATES OF MEETING	
SPORANE, WASH	7/13-16	
PURPOSE OF MEETING		
WESTERN STATES JAC MEETING		

**A- TRANSPORTATION INFORMATION (ATTACH RECEIPTS)**

FROM	TO	PRIVATE AUTO EXPENSE (IRS RATE)	
KC	SPORANE & RETURN	PARKING/TAXI/LIMO (to/from airport)	- 0 -
DATE OF DEPARTURE	DATE OF RETURN	AIR FARE (COACH / ECONOMY)	77.60
7/13/04	7/16/04		589.40
INVOICE NO.		00526816MN2AZ	TOTAL TRAVEL
			667.00

**B - HOTEL [ACTUAL \ SINGLE RATE \ ATTACH RECEIPTS]**

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
DATE & DAY	7/13	7/14	7/15					TOTAL HOTEL
ROOM COST	166.65	166.65	166.65					499.95

**C - DAILY EXPENSES:** Maximum of \$75.00 with accountability, receipts must accompany all expenditures over \$25.00. Daily Expenses may be paid for one (1) day travel before and one (1) day travel after actual meeting.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
BREAKFAST	11.95	13.05	15.58	9.76				TOTAL DAILY EXP.
LUNCH	19.03	20.22	17.86	11.13				
DINNER	- 0 -	21.76	- 0 -	12.75				
TIPS	4.00	10.00	6.00	6.00				
BEVERAGE								
PHONE								
OTHER MAID		3.00	3.00	3.00				
CAR RENTAL								
TAXI / LIMO				4.00				
TOTALS	34.78	68.03	42.44	46.64				191.89

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE DIRECT EXPENSES PROPERLY AND ACTUALLY INCURRED BY ME IN CONNECTION WITH THE WSAP TRUST FUND ACTIVITIES NOTED ABOVE AND NOT OTHERWISE REIMBURSED.

SUBMITTED BY (signature):

*Joseph A. Stinger*

I REQUEST THE REIMBURSEMENT BE MADE PAYABLE TO:

*J.A. Stinger*

AND SENT TO THE FOLLOWING ADDRESS:

753 STATE AVE., SUITE 450  
KANSAS CITY, KS 66101

GRAND TOTAL

1,358.84

REIMBURSEMENT

1,358.84

TRANSPORTATION SUMMARY

HOTEL SUMMARY

DAILY SUMMARY

GRAND TOTAL SUMMARY

REIMBURSEMENT SUMMARY

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS WESTERN STATES JAC**Trade Name, if any: **WESTERN STATES JAC**

P.O. Box, Bldg., Room No., if any

Street **P.O. BOX 1460**City **EAST HELENA, MT**State **MT** ZIP Code + 4 **59635**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE-SECRETARY OF TRUST**

11.b. Approximate dollar value of such dealing.

**1.5 MILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED MEETING EXPENSES (SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

**\$566.70**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**BOILERMAKERS WESTERN STATES APPRENTICESHIP  
COMMITTEE EXPENSE STATEMENT**

NAME <b>JOSEPH A. STINGER</b>	ADDRESS <b>7700 NW BLVD. PKWY, KC, MO 64152</b>	DATE FILED FOR EXPENSE <b>9/03-04</b>
LOCATION OF MEETING <b>HELENA</b>	DATES OF MEETING <b>9/01-02</b>	
PURPOSE OF MEETING <b>VISIT WS/NAC OFFICE &amp; MEET w/ COORDINATOR</b>		

**A- TRANSPORTATION INFORMATION (ATTACH RECEIPTS)**

FROM <b>KC</b>	TO <b>HELENA</b>	PRIVATE AUTO EXPENSE (IRS RATE)	
DATE OF DEPARTURE <b>9/01</b>	DATE OF RETURN <b>9/02</b>	PARKING/TAXI/LIMO (to/from airport)	
		AIR FARE (COACH / ECONOMY)	
INVOICE NO.			TOTAL TRAVEL <b>486.90</b>

**B - HOTEL [ACTUAL \ SINGLE RATE \ ATTACH RECEIPTS]**

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
DATE & DAY								TOTAL HOTEL
ROOM COST								

**C - DAILY EXPENSES:** Maximum of \$75.00 with accountability, receipts must accompany all expenditures over \$25.00. Daily Expenses may be paid for one (1) day travel before and one (1) day travel after actual meeting.

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
BREAKFAST	0	0						
LUNCH	/	/						
DINNER								
TIPS								
BEVERAGE								
PHONE								
OTHER								
CAR RENTAL								
TAXI / LIMO	<b>39.80</b>	<b>40.00</b>						
TOTALS	<b>39.80</b>	<b>40.00</b>						

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE DIRECT EXPENSES PROPERLY AND ACTUALLY INCURRED BY ME IN CONNECTION WITH THE WSAP TRUST FUND ACTIVITIES NOTED ABOVE AND NOT OTHERWISE REIMBURSED.

SUBMITTED BY (signature): *Joseph A. Stinger*  
 I REQUEST THE REIMBURSEMENT BE MADE PAYABLE TO: **JA. STINGER**  
 AND SENT TO THE FOLLOWING ADDRESS: **OFFICE ADDRESS**

**GRAND TOTAL**  
**566.70**

**REIMBURSEMENT**

TRANSPORTATION SUMMARY <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	HOTEL SUMMARY <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	DAILY SUMMARY <div style="border: 1px solid black; width: 100px; height: 20px;"></div>
GRAND TOTAL SUMMARY <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	REIMBURSEMENT SUMMARY <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS WESTERN STATES JAC**Trade Name, if any: **WESTERN STATES JAC**

P.O. Box, Bldg., Room No., if any

Street **P.O. BOX 1460**City **EAST HELENA, MT**State **MT** ZIP Code + 4 **59635**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE-SECRETARY OF TRUST**

11.b. Approximate dollar value of such dealing.

**1.5 MILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED MEETING EXPENSES (SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

**1383.95**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**BOILERMAKERS WESTERN STATES APPRENTICESHIP  
COMMITTEE EXPENSE STATEMENT**

NAME <u>HASTINGER, 7700 NW BLVD, PKWY, KC, MO 64152</u>	ADDRESS	DATE FILED FOR EXPENSE <u>12/13-14, 2004</u>
LOCATION OF MEETING <u>PHOENIX AZ</u>	DATES OF MEETING <u>12/13-14, 2004</u>	
PURPOSE OF MEETING <u>W/S JAC</u>		

**A- TRANSPORTATION INFORMATION (ATTACH RECEIPTS)**

FROM <u>KC</u>	TO <u>PHOENIX</u>	PRIVATE AUTO EXPENSE (IRS RATE)	
DATE OF DEPARTURE <u>12/13/04</u>	DATE OF RETURN <u>12/14/04</u>	PARKING/TAXI/LIMO (to/from airport)	<u>79.60</u>
		AIR FARE (COACH / ECONOMY)	<u>231.70</u>
INVOICE NO.			TOTAL TRAVEL <u>311.30</u>

**B - HOTEL [ACTUAL \ SINGLE RATE \ ATTACH RECEIPTS]**

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
DATE & DAY	<u>12/13</u>							TOTAL HOTEL
ROOM COST	<u>151.29</u>							<u>151.29</u>

**C - DAILY EXPENSES:** Maximum of \$75.00 with accountability, receipts must accompany all expenditures over \$25.00. Daily Expenses may be paid for one (1) day travel before and one (1) day travel after actual meeting.

	DAY 1 <u>12/13</u>	DAY 2 <u>12/14</u>	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	
BREAKFAST	<u>-0-</u>	<u>-0-</u>						
LUNCH	<u>21.84</u>	<u>20.39</u>						
DINNER	<u>75.13</u>	<u>-0-</u>						
TIPS								
BEVERAGE		<u>4.00</u>						
PHONE								
OTHER								
CAR RENTAL								
TAXI / LIMO	<u>3-</u>							
TOTALS	<u>96.97</u>	<u>24.39</u>						TOTAL DAILY EXP. <u>121.36</u>

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE DIRECT EXPENSES PROPERLY AND ACTUALLY INCURRED BY ME IN CONNECTION WITH THE WSAP TRUST FUND ACTIVITIES NOTED ABOVE AND NOT OTHERWISE REIMBURSED.

SUBMITTED BY (signature): Joseph H. Stinger

I REQUEST THE REIMBURSEMENT BE MADE PAYABLE TO: H. Stinger

AND SENT TO THE FOLLOWING ADDRESS: \_\_\_\_\_

GRAND TOTAL  
583.95

REIMBURSEMENT  
583.95

TRANSPORTATION SUMMARY	HOTEL SUMMARY	DAILY SUMMARY
GRAND TOTAL SUMMARY	REIMBURSEMENT SUMMARY	

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS VACATION TRUST**  
Trade Name, if any: **VACATION TRUST**  
P.O. Box, Bldg., Room No., if any  
Street **2910 REDWOOD RD, STE E & F**  
City **CASTRO VALLEY**  
State **CA** ZIP Code **94546-8757**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE ON TRUST**

11.b. Approximate dollar value of such dealing.

**2 MILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED MEETING EXPENSES (SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

**\$411.90**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**TRUSTEE EXPENSE VOUCHER**BOILERMAKER VACATION TRUST

(Name of Trust Fund(s))

**THIS VOUCHER IS FOR:**☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT CASTRO VALLEY ON 10/25-28, 2004  
(Location) (Date(s))☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT \_\_\_\_\_  
(Location)ON \_\_\_\_\_ SPONSORED BY \_\_\_\_\_  
(Session Date(s)) (Meeting Sponsor)☐ OTHER: \_\_\_\_\_  
(Describe Reason for Incurring Expenses)**TRANSPORTATION:**DATE OF DEPARTURE 10/25/04 DATE OF RETURN 10/28/04☐ PRIVATE AUTOMOBILE \_\_\_\_\_ MILES AT \_\_\_\_\_ \$ PER MILE \_\_\_\_\_ \$ 411.90☐ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \_\_\_\_\_ \$ \_\_\_\_\_☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \_\_\_\_\_ \$ \_\_\_\_\_**HOTEL OR MOTEL:**☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \_\_\_\_\_ \$ \_\_\_\_\_**MEETING REGISTRATION FEE:**☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \_\_\_\_\_ \$ \_\_\_\_\_**DAILY EXPENSES:**☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \_\_\_\_\_ \$ \_\_\_\_\_TOTAL EXPENSES \_\_\_\_\_ \$ 411.90**SETTLEMENT**

TOTAL EXPENSES WHICH I INCURRED \_\_\_\_\_ \$ \_\_\_\_\_

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \_\_\_\_\_ \$ \_\_\_\_\_

**EQUALS**☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \_\_\_\_\_ \$ \_\_\_\_\_

OR

☐ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT. \_\_\_\_\_ \$ \_\_\_\_\_

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 19<sup>th</sup> DAY OF AUG. 2004, 753 STATE AVE, SUITE  
KC, KS 66101 450

(Signature of Trustee)

(Address and City)

NOTE TO TRUSTEE: This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BOILERMAKERS VACATION TRUST**  
Trade Name, if any: **VACATION TRUST**  
P.O. Box, Bldg., Room No., if any  
Street **2910 REDWOOD RD, STE E & F**  
City **CASTRO VALLEY**  
State **CA** ZIP Code **94546-8757**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE ON TRUST**

11.b. Approximate dollar value of such dealing.

**2 MILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE  
REPORT)**

12.b. Amount.

**\$248.79**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

## TRUSTEE EXPENSE VOUCHER

## BOILERMAKER VACATION TRUST

(Name of Trust Fund(s))

## THIS VOUCHER IS FOR:

☒ EXPENSES IN CONNECTION WITH ATTENDANCE AT TRUST MEETING AT Carmel, Calif. ON Oct. 26-27, 2004  
 (Location) (Date(s))

☐ EXPENSES IN CONNECTION WITH ATTENDANCE AT EDUCATIONAL MEETING AT \_\_\_\_\_  
 (Location)

ON 10/25-27, 2004 SPONSORED BY BOILERMAKER VACATION TRUST  
 (Session Date(s)) (Meeting Sponsor)

☐ OTHER: \_\_\_\_\_  
 (Describe Reason for Incurring Expenses)

## TRANSPORTATION:

DATE OF DEPARTURE 10/25/04 DATE OF RETURN 10/27/04

☐ PRIVATE AUTOMOBILE \_\_\_\_\_ MILES AT 37.5¢ PER MILE \$ \_\_\_\_\_  
☐ AIRFARE ☐ TRAIN ☐ BUS (ATTACH COPY OF TICKET) \$ \_\_\_\_\_  
☐ RENTACAR AT MEETING LOCATION (ATTACH COPY OF BILL) \$ \_\_\_\_\_

## HOTEL OR MOTEL:

☐ HOTEL OR MOTEL EXPENSE (ATTACH COPY OF BILL) \$ \_\_\_\_\_

## MEETING REGISTRATION FEE:

☐ MEETING REGISTRATION FEE EXPENSE (ATTACH RECEIPT) \$ \_\_\_\_\_

## DAILY EXPENSES:

☐ DAILY EXPENSES (FROM REVERSE SIDE OF VOUCHER) \$ 248.79

TOTAL EXPENSES \$ 248.79

## SETTLEMENT

TOTAL EXPENSES WHICH I INCURRED \$ 248.79

LESS THE AMOUNT I RECEIVED AS AN ADVANCE (IF ANY) \$ \_\_\_\_\_

EQUALS

☐ REFUND WHICH I OWE TO TRUST FUND. MY CHECK IS ATTACHED. \$ \_\_\_\_\_

OR

☒ AMOUNT OWING ME BY TRUST FUND. I REQUEST REIMBURSEMENT. \$ 248.79

I HEREBY CERTIFY THAT THE EXPENSES DETAILED ON THIS VOUCHER ARE THE PROPER AND ACTUAL EXPENSES WHICH I INCURRED IN CONNECTION WITH THE TRUST FUND ACTIVITY NOTED ABOVE.

DATED THIS 28<sup>th</sup> DAY OF OCT, 2004. 753 STATE AVE, SUITE 5  
KC, KS 66101  
 (Signature of Trustee) (Address and City)

**NOTE TO TRUSTEE:** This voucher is for expenses personally incurred by you as a Trustee. If transportation charges, hotel deposits, registration fees or any other item has been paid directly by the Trust Fund, do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. (For example: If the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the trust fund.) Meals should not be listed if they are otherwise included with air transportation or included on hotel or motel bills. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation which may have been adopted by the Board of Trustees.

SPACE FOR USE OF ADMINISTRATIVE AGENT OR FOR APPROVAL OF TRUST OFFICERS (IF REQUIRED):

**DAILY EXPENSES (ATTACH RECEIPTS FOR ANY SINGLE ITEM OF \$25 OR MORE):**

NUMBER OF DAYS SPENT ON THIS TRUST FUND ACTIVITY INCLUDING TRAVEL DAYS 3

DATE: <u>10/25/04</u>	DATE: <u>10/26/04</u>	DATE: <u>10/27/04</u>
BREAKFAST & TIP \$ <u>12.96</u>	BREAKFAST & TIP \$ <u>19.50</u>	BREAKFAST & TIP \$ <u>12.76</u>
LUNCH & TIP \$ <u>16.10</u>	LUNCH & TIP \$ <u>23.78</u>	LUNCH & TIP \$ _____
DINNER & TIP \$ <u>12.13</u>	DINNER & TIP \$ <u>-0-</u>	DINNER & TIP \$ _____
BEVERAGES & TIP \$ <u>16.13</u>	BEVERAGES & TIP \$ <u>9.86</u>	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ <u>3.00</u>	PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS—TAXIS—BUSES \$ <u>74.80</u>	LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ <u>39.80</u>
_____ \$ _____	<u>Maid/FAX</u> \$ <u>5.00</u>	<u>Maid</u> \$ <u>3.00</u>
(Other)	(Other)	(Other)
TOTAL THIS DATE \$ <u>135.12</u>	TOTAL THIS DATE \$ <u>58.11</u>	TOTAL THIS DATE \$ <u>55.56</u>

DATE: _____	DATE: _____
BREAKFAST & TIP \$ _____	BREAKFAST & TIP \$ _____
LUNCH & TIP \$ _____	LUNCH & TIP \$ _____
DINNER & TIP \$ _____	DINNER & TIP \$ _____
BEVERAGES & TIP \$ _____	BEVERAGES & TIP \$ _____
PORTERS—BELLMEN \$ _____	PORTERS—BELLMEN \$ _____
LIMOS—TAXIS—BUSES \$ _____	LIMOS—TAXIS—BUSES \$ _____
_____ \$ _____	_____ \$ _____
(Other)	(Other)
TOTAL THIS DATE \$ _____	TOTAL THIS DATE \$ _____

IF MORE THAN FIVE DAYS,  
ATTACH AN ADDITIONAL  
VOUCHER SHEET

TOTAL OF ALL DAILY EXPENSES \$ 248.79  
(Transfer amount to front side of voucher)

EXPLANATIONS (IF NEEDED):

A considerable number of funds have inquired to the International Foundation headquarters for some guidance, some "ground rules," in regard to reimbursing trustees and administrators for out-of-pocket expenses directly related to attendance at conferences, seminars, etc. As your educational arm we cannot and will not set "ground rules." We will, however, provide many educational opportunities for you to determine on your own what is "reasonable and prudent" for your particular trust.

All jointly administered fringe benefit funds are trust funds which, under the language of most trust agreements and general principles of trust law as well as ERISA, can be used *only* for the benefit programs and for *reasonable expenses* in connection with the administration of such programs.

The size and objectives of the funds, the pressure of ample reserves and the expenses ratio are among the variable factors which make it practically impossible to suggest hard and fast rules which should be applied in every instance. For example, a small fund with a large board of trustees does not prudently send all trustees to every educational meeting. However, a larger, well-funded trust, with a small board of trustees, may be able to send all trustees to one or more of our educational functions. Each trustee should itemize his expenses to qualify for reimbursement, and may wish to make a written report of the sessions he attended at educational meetings when he returns, for the record and/or for the benefit of other individuals who did not attend the meeting.

Member trust funds should bear these factors in mind when they make provisions for expenses for their delegates who attend the educational conferences and other meetings. Overriding is the fact that most monies are at issue, and that trustees are legally responsible to see that all expenses are justifiable, reasonable and prudent.

We are confident that each trustee will keep these thoughts in mind when contemplating policy for his particular trust.



Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

**MOBILIZATION OPTIMIZATION STABILIZATION & TRAINING**Trade Name, if any: **MO ST**

P.O. Box, Bldg., Room No., if any

Street **753 STATE AVE, SUITE 800**City **KANSAS CITY**State **KANSAS** ZIP Code + 4 **66101**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE OF TRUST**11.b. Approximate dollar value of such dealing. **12 MILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED MEETING EXPENSES (SEE ATTACHED EXPENSE REPORT)**12.b. Amount. **1,375.67**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

# MOST

MOBILIZATION OPTIMIZATION STABILIZATION AND TRAINING

THIS VOUCHER IS FOR: JOSEPH A. STINGER

☒ Expenses in connection with attendance at Trust Meeting at:

NAPLES

Location

of

2/18-20, 2004

Date(s)

☐ Other: \_\_\_\_\_

Transportation:

Date of Departure: 2/14/04

Date of Return: 2/27/04

☒ Private Automobile 1,000 Miles 375.00 Mile \$ 375.00

☐ AirFare ☐ Train ☐ Other - (Attach Copy of Ticket) \$ \_\_\_\_\_

☐ Transportation to and from Airport, Terminal \$ \_\_\_\_\_

☐ Parking \$ \_\_\_\_\_

Hotel or Motel:

☒ Hotel or Motel Expense for Room Charge and Tax Only  
(Attach Copy of Bill)

\$ 777.45

Meeting Registration Fee:

☐ Meeting Registration Fee Expense (Attach Receipt)

\$ \_\_\_\_\_

Daily Expenses:

☒ Daily Expenses (From Reverse Side of Voucher)

\$ 223.22

**TOTAL EXPENSES** \$ \_\_\_\_\_

LESS: Advance (if any)

\$( \_\_\_\_\_ )

## EQUALS

☐ Refund which I owe to Trust Fund. My Check is attached

\$ \_\_\_\_\_

☒ Amount owing me by Trust Fund. I request reimbursement

\$ 1,375.67

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

3/1/04

Date

Joseph A. Stinger

Signature

APPROVED BY: \_\_\_\_\_

NOTE: This voucher is for direct expenses personally incurred by you. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example; if the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location NAPLES

Number of Days Spent on this Activity

Purpose MOSTIncluding Travel Days 3

Do not include any expenses which have been listed for reimbursement on the front on your Trustee Expense Report. Attach receipts for items over \$25.

Date	2/18	2/19	2/20			
Breakfast	4.50	4.75	14.62			
Lunch	22.96	7.96	16.21			
Dinner	24.10	22.96	25.00 *	* Actual bill 48.60 but no receipt.		
Beverages	15.00	23.16				
Tips	12.00	11.00	19.00			
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
Other						
Daily Total	78.56	69.83	74.83			

Date						
Breakfast						
Lunch						
Dinner						
Beverages						
Tips						
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
Other						
Daily Total						

GRAND TOTAL 223.26

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

**MOBILIZATION OPTIMIZATION STABILIZATION & TRAINING**Trade Name, if any: **MOST**

P.O. Box, Bldg., Room No., if any

Street **753 STATE AVE SUITE 800**City **KANSAS CITY**State **KANSAS** ZIP Code + 4 **66101**

9. Business deals with:



a. Labor Organization



b. Trust



c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE OF TRUST**

11.b. Approximate dollar value of such dealing.

**12 MILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED  
MEETING EXPENSES  
(SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

**\$781.62**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

# Gainsharing / MOST EXPENSE REPORT

\*ALL receipts, regardless of amount, must be attached. ALL expenses including Corporate Charges must be shown.

City / State Traveled:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	
NAPLES & MARCO ISLAND	2/15/04	2/16/04	2/17/04					TOTALS
1. HOTEL / MOTEL		355.10	259.15					614.25
2. BREAKFAST		12.15	4.50					16.65
3. LUNCH		13.75	21.75					35.50
4. DINNER		23.22	23.00					46.22
5. BEVERAGES		20.00	15.00					35.00
6. AIRFARE								
7. GROUND TRANSPORTATION								
8. CAR RENTAL								
9. GAS AND OIL								
10. PARKING								
11. TOLLS								
12. PHONE								
13. TIPS		17.00	17.00					34.00
14. MEETING EXPENSES								
15. MILEAGE @ .375								
16. Taxes / Miscellaneous								
17. Personal								
TOTAL TRIP EXPENSES		441.22	340.40					
TOTAL REIMBURSED TO MEMBER		441.22	340.40					781.62

## STATE BUSINESS PURPOSE - PEOPLE MET WITH

3,000 MILES ROUND TRIP  
1/3 on 1,000 TO MOST  
2/3 on 2,000 TO BOILERMAKERS

SIGNATURE

*Joseph A. Stinger*

DATE

3/1/04

FOR OFFICE USE ONLY  
REIMBURSEMENT INFORMATION

CHECK NUMBER:

DATE:

APPROVED BY:

### ACCOUNTING USE ONLY

Account # Amount \$

Account # Amount \$

Account # Amount \$

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

**MOBILIZATION OPTIMIZATION STABILIZATION & TRAINING**  
 Trade Name, if any: **MOST**  
 P.O. Box, Bldg., Room No., if any  
 Street **753 STATE AVE SUITE 800**  
 City **KANSAS CITY**  
 State **KANSAS** ZIP Code + 4 **66101**

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE OF TRUST**

11.b. Approximate dollar value of such dealing.

**12 MILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED MEETING EXPENSES (SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

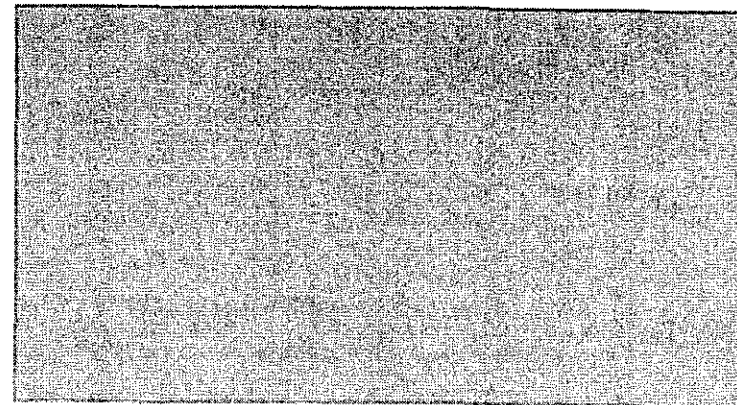
**\$843.78**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

14.a. Nature of payment.



13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

# MOST

MOBILIZATION OPTIMIZATION STABILIZATION AND TRAINING

THIS VOUCHER IS FOR: JOSEPH A. STINGER

☒ Expenses in connection with attendance at Trust Meeting at:

KOHLER, WI  
Location

of 8/2-5, 2004  
Date(s)

☐ Other: \_\_\_\_\_

Transportation:

Date of Departure: 8/2

Date of Return: 8/5

☐ Private Automobile \_\_\_\_\_ Miles at \_\_\_\_\_ Per Mile \$ \_\_\_\_\_

☐ AirFare ☐ Train ☐ Other - (Attach Copy of Ticket) \$ \_\_\_\_\_

☐ Transportation to and from Airport, Terminal \$ \_\_\_\_\_

☐ Parking \$ \_\_\_\_\_

Hotel or Motel:

☒ Hotel or Motel Expense for Room Charge and Tax Only  
(Attach Copy of Bill) \$ 538.58

Meeting Registration Fee:

☐ Meeting Registration Fee Expense (Attach Receipt) \$ \_\_\_\_\_

Daily Expenses:

☒ Daily Expenses (From Reverse Side of Voucher) \$ 305.20

**TOTAL EXPENSES** \$ \_\_\_\_\_

LESS: Advance (if any) \$( 843.78 )

## EQUALS

☐ Refund which I owe to Trust Fund. My Check is attached \$ -0-

☒ Amount owing me by Trust Fund. I request reimbursement \$ 843.78

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

8/16/04  
Date

Joseph A. Stinger  
Signature

APPROVED BY: \_\_\_\_\_

NOTE: This voucher is for direct expenses personally incurred by you. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example; if the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location KOHLER, WI Number of Days Spent on this Activity

Purpose MOST MEETING Including Travel Days 4

Do not include any expenses which have been listed for reimbursement on the front on your Trustee Expense Report. Attach receipts for items over \$25.

Date	<u>8/03</u>	<u>8/04</u>	<u>8/05</u>			
Breakfast	<u>-0-</u>	<u>-0-</u>	<u>12.15</u>			
Lunch	<u>-0-</u>	<u>-0-</u>	<u>13.25</u>			
Dinner	<u>29.02</u>	<u>-0-</u>				
Beverages						
Tips (MA 10)	<u>3.00</u>	<u>3.00</u>	<u>3.00</u>			
Taxi/Limo						
Auto Rent			<u>241.78</u>			
Mileage						
Phone						
Other						
Daily Total	<u>32.02</u>	<u>3.00</u>	<u>220.18</u>			

Date						
Breakfast						
Lunch						
Dinner						
Beverages						
Tips						
Taxi/Limo						
Auto Rent						
Mileage						
Phone						
Other						
Daily Total						

GRAND TOTAL 305.26

Name of Person Filing <b>JOSEPH A. STINGER</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p><b>MOBILIZATION OPTIMIZATION STABILIZATION &amp; TRAINING</b></p> <p>Trade Name, if any: <b>MO ST</b></p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <b>753 STATE AVE SUITE 800</b></p> <p>City <b>KANSAS CITY</b></p> <p>State <b>KANSAS</b> ZIP Code + 4 <b>66101</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><b>TRUSTEE OF TRUST</b></p> <p>11.b. Approximate dollar value of such dealing. <b>12 MILLION</b></p> <p>12.a. Nature of interest held or income received.</p> <p><b>TRAVEL, MEALS &amp; RELATED MEETING EXPENSES (SEE ATTACHED EXPENSE REPORT)</b></p> <p>12.b. Amount. <b>2699.33</b></p>
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<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p> </p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p> </p>

**Gainsharing / MOST**  
**EXPENSE REPORT**

\*ALL receipts, regardless of amount, must be attached. ALL expenses including Corporate Charges must be shown.

City / State Traveled:	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	TOTALS
1. HOTEL / MOTEL		269.29						269.29
2. BREAKFAST		-0-						-0-
3. LUNCH		-0-						-0-
4. DINNER		8.93						8.93
5. BEVERAGES		-0-						-0-
6. AIRFARE		421.20						421.20
7. GROUND TRANSPORTATION								
8. CAR RENTAL								
9. GAS AND OIL								
10. PARKING								
11. TOLLS								
12. PHONE								
13. TIPS								
14. MEETING EXPENSES								
15. MILEAGE @ .375								
Faxes / Miscellaneous								
Personal								
TOTAL TRIP EXPENSES								
TOTAL REIMBURSED TO MEMBER		699.33						699.33

**STATE BUSINESS PURPOSE - PEOPLE MET WITH**

**SIGNATURE**

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**  
**REIMBURSEMENT INFORMATION**

ACCOUNTING USE ONLY

HECK NUMBER:

Account #	Amount	\$
-----------	--------	----

ATE:

Account #	Amount	\$
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APPROVED BY:

Account #	Amount	\$
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Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

**MOBILIZATION OPTIMIZATION STABILIZATION & TRAINING**Trade Name, if any: **MOST**

P.O. Box, Bldg., Room No., if any

Street **753 STATE AVE SUITE 800**City **KANSAS CITY**State **KANSAS** ZIP Code + 4 **66101**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

**TRUSTEE OF TRUST**

11.b. Approximate dollar value of such dealing.

**12 MILLION**

12.a. Nature of interest held or income received.

**TRAVEL, MEALS & RELATED MEETING EXPENSES (SEE ATTACHED EXPENSE REPORT)**

12.b. Amount.

**\$999.99**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

# MOST

MOBILIZATION OPTIMIZATION STABILIZATION AND TRAINING

THIS VOUCHER IS FOR: JOSEPH A. STINGER

☐ Expenses in connection with attendance at Trust Meeting at:

MYRTLE BEACH of 10/02-03, 2004  
Location Date(s)

☐ Other: \_\_\_\_\_

Date of Departure: 10/02/04 Date of Return: 10/03/04

☐ Private Automobile \_\_\_\_\_ Miles at \_\_\_\_\_ Per Mile \$ \_\_\_\_\_

☒ AirFare ☐ Train ☐ Other - (Attach Copy of Ticket) \$ 131.45

☒ Transportation to and from Airport, Terminal \$ 36.80

☐ Rental Car \$ \_\_\_\_\_

☐ Parking \$ \_\_\_\_\_

☐ Hotel or Motel Expense for Room Charge and Tax Only  
(Attach Copy of Bill) \$ 657.80

☐ Meeting Registration Fee Expense (Attach Receipt) \$ \_\_\_\_\_

☐ Daily Expenses (From Reverse Side of Voucher) \$ \_\_\_\_\_

**TOTAL EXPENSES** \$ 173.82

LESS: Advance (if any) \$( -0- )

## EQUALS

☐ Refund which I owe to Trust Fund. My Check is attached \$ -0-

☒ Amount owing me by Trust Fund. I request reimbursement \$ 999.97

I hereby certify that the expenses detailed on this voucher are direct expenses properly and actually incurred by me in connection with the Trust Fund Activity noted above and not otherwise reimbursed.

10/11/04  
Date

Joseph A. Stinger  
Signature

APPROVED BY: \_\_\_\_\_

NOTE: This voucher is for direct expenses personally incurred by you. If transportation charges, hotel deposits, registration fees, or any other item has been paid directly by the Trust Fund do not list on this voucher. If you travel with a family member or other person not connected with the Trust Fund, the expenses of such person are not reimbursable. If such expenses are included on any of the attached bills or receipts, you should note the necessary adjustments on the bill or receipt. For example; if the hotel or motel bill contains a charge for a double room because of occupancy by a family member, subtract the difference between the double room and a single room and indicate on the bill that only the balance is being charged to the Trust Fund. If any expense item requires an explanation, mark the item with an asterisk and write the explanation on the reverse side of this voucher. Reimbursement of expenses claimed on this voucher is subject to any expense policy or limitation, which may have been adopted by the Board of Trustees.

Location MYRTLE BEACH

Number of Days Spent on this Activity

Purpose TRIPARTITEIncluding Travel Days 2

Do not include any expenses which have been listed for reimbursement on the front on your Trustee Expense Report. Attach receipts for items over \$25.

Date	<u>10/02</u>	<u>10/03</u>				
Breakfast	<u>13.75</u>	<u>12.95</u>				
Lunch	<u>15.10</u>	<u>17.82</u>				
Dinner	<u>22.50</u>	<u>23.60</u>				
Beverages	<u>21.10</u>	<u>19.00</u>				
Tips	<u>14.00</u>	<u>14.00</u>				
Taxi/Limo						
Phone						
Other						
Daily Total	<u>86.45</u>	<u>87.37</u>				

Date						
Breakfast						
Lunch						
Dinner						
Beverages						
Tips						
Taxi/Limo						
Phone						
Other						
Daily Total						

GRAND TOTAL \$173.82

Mailing Address: \_\_\_\_\_

Name of Person Filing **JOSEPH A. STINLER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **FINANCIAL COUNSELORS INC**Trade Name, if any: **F.C.I.**

P.O. Box, Bldg., Room No., if any

Street **442 W. 47th ST.**City **KANSAS CITY**State **MISSOURI** ZIP Code + 4 **64112-1105**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

\* **BOILERMAK BLACKSMITH**  
Name **NATL. PENSION TRUST**Trade Name, if any: **FCI**

P.O. Box, Bldg., Room No., if any

Street **754 MINNESOTA AVE.**City **KANSAS CITY**State **KS** ZIP Code **66101-2766**

\* **also -**  
**NATIONAL H & W TRUST**  
**(OVER)**

11.a. Nature of such dealing.

**MONEY MANAGER m. 8**  
**HEALTH & WELFARE TRUST 125M**  
**PENSION TRUST 296M**  
**(OVER) 296M**

11.b. Approximate dollar value of such dealing.

**15296 MILLION**

12.a. Nature of interest held or income received.

**CHRISTMAS DOINSETTAS**

12.b. Amount.

**832.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

10. THE OFFICERS & EMPLOYEES  
PENSION PLAN

753 NEW BROTHERHOOD BLDG, SUITE 565  
KANSAS CITY  
KS 66101

11 a MONEY MANAGER

b \$59,085,880

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **FINANCIAL COUNSELORS INC**  
Trade Name, if any: **F.C.I.**  
P.O. Box, Bldg., Room No., if any  
Street **442 W. 47th ST.**  
City **KANSAS CITY**  
State **MISSOURI** ZIP Code + 4 **64112-1103**

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **BOILER MAKERS BLACKSMITH NATIONAL PENSION TRUST**  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street **754 MINNESOTA AVE.**  
City **KANSAS CITY**  
State **KS** ZIP Code **64101-2766**

\* **ALSO - NATIONAL H & W TRUST**

(OVER)

11.a. Nature of such dealing.

**MONEY MANAGER M. B.  
HEALTH & WELFARE TRUST 125M  
PENSION TRUST 296M  
(OVER) 296M**

11.b. Approximate dollar value of such dealing.

**296 MILLION**

12.a. Nature of interest held or income received.

**4 FOOTBALL TICKETS**

12.b. Amount.

**294.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
Trade Name, if any:  
P.O. Box, Bldg., Room No., if any  
Street  
City  
State ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.

14.b. Amount of payment.

10. THE OFFICERS & EMPLOYEES PENSION PLAN  
753 NEW BROTHERHOOD BLDG., SUITE 568  
KANSAS CITY  
KS 66101

11. a. MONEY MANAGER

b. \$ 59,085,880

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **FINANCIAL COUNSELORS INC**Trade Name, if any: **F.C.I.**

P.O. Box, Bldg., Room No., if any

Street **442 W. 47th ST.**City **KANSAS CITY**State **MISSOURI** ZIP Code + 4 **64112-1103**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

\* **BOILERMAKER BLACKSMITH**  
Name **NATH. PENSION TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **754 MINNESOTA AVE**City **KANSAS CITY**State **KS** ZIP Code **66101-3766**\* **ALSO THE**  
**NATIONAL H&W TRUST****(OVER)**

11.a. Nature of such dealing.

**MONEY MANAGER M.B.**  
**HEALTH & WELFARE TRUST 125M**  
**PENSION TRUST 296M**  
**(OVER) 296M**

11.b. Approximate dollar value of such dealing.

**296 MILLION**

12.a. Nature of interest held or income received.

**3/16/04 - DINNER @ LAS**  
**VEGAS DURING**  
**TRUST FUNDS**  
**MEETING**

12.b. Amount.

**45.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

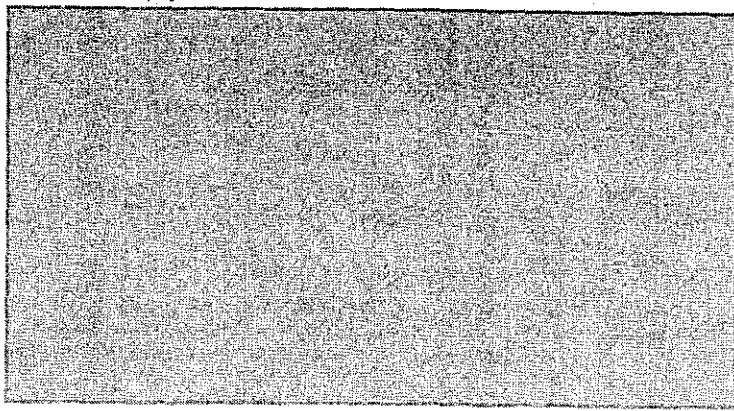
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

10. THE OFFICERS & EMPLOYEES PENSION PLAN  
753 NEW BROTHERHOOD BLDG.  
KC, KS 66101

11.2a) MONEY MANAGER  
b \$59,085,880

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **FINANCIAL COUNSELORS INC**Trade Name, if any: **F.C.I.**

P.O. Box, Bldg., Room No., if any

Street **442 W. 47th ST.**City **KANSAS CITY**State **MISSOURI** ZIP Code + 4 **64112-1103**

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **\* BOILER MAKER BLACKSMITH  
NATL. PENSION TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **54 MINNESOTA AVE**City **KANSAS CITY**State **KS** ZIP Code **66101-8766**

**\* ALSO THE:  
NATIONAL H&W TRUST  
(OVER)**

11.a. Nature of such dealing.

**MONEY MANAGER IN  
HEALTH & WELFARE TRUST 185M  
PENSION TRUST 396M  
(OVER) 296M**

11.b. Approximate dollar value of such dealing.

**16296 MILLION**

12.a. Nature of interest held or income received.

**HOLIDAY GIFT BASKET**

12.b. Amount.

**843.00**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

10. THE OFFICERS & EMPLOYEES PENSION PLAN  
753 NEW BROTHERHOOD BLDG.  
KC, KS 66101

11. a MONEY MANAGER  
b \$59,085,880

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name **BROTHERHOOD BANKSHARES INC**Trade Name, if any: **BROTHERHOOD BANK**

P.O. Box, Bldg., Room No., if any

Street **756 MINNESOTA AVENUE**City **KANSAS CITY**State **KANSAS** ZIP Code + 4 **66101**

## 9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

\* If 9.b. or 9.c. is checked give trust or employer's name.

\* **BOILERMAKERS BLACKSMITH**  
Name **NATIONAL PENSION TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **754 MINNESOTA AVENUE**City **KANSAS CITY**State **KANSAS** ZIP Code **66101-3768**

\* **ALSO THE**  
**NATIONAL ANNUNITY**  
**NATIONAL HEW TRUST**  
**BOTH @ THE ABOVE ADDRESS**  
**(OVER)**

## 11.a. Nature of such dealing.

**CUSTODIAL AGENT FOR**  
**NATIONAL TRUST & OTHER**  
**TRUST FUNDS**

## 11.b. Approximate dollar value of such dealing.

**6.5 BILLION**

## 12.a. Nature of interest held or income received.

**MEMBER OF BOARD OF**  
**DIRECTORS**  
**DINNER (2) \$92.57**  
**CHRISTMAS BASKET 150.00**  
**(OVER)**

## 12.b. Amount.

**\$242.57**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

## 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

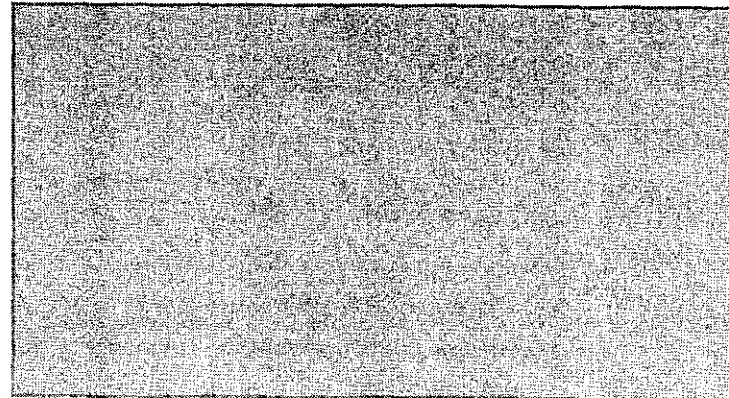
P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

## 14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b. Amount of payment.

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BROTHERHOOD BANKSHARES INC**Trade Name, if any: **BROTHERHOOD BANK**

P.O. Box, Bldg., Room No., if any

Street **756 MINNESOTA AVENUE**City **KANSAS CITY**State **KANSAS** ZIP Code + 4 **66101**

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

\* **BOILERMAKERS BLACKSMITH**  
Name **NATIONAL PENSION TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **754 MINNESOTA AVENUE**City **KANSAS CITY**State **KANSAS** ZIP Code **66101-3760**

\* **ALSO THE**  
**NATIONAL ANNUNITY**  
**NATIONAL HEW TRUST**  
**BOTH @ THE ABOVE ADDRESS**  
**(OVER)**

11.a. Nature of such dealing.

**CUSTODIAL AGENT FOR**  
**NATIONAL TRUST & OTHER**  
**TRUST FUNDS**

11.b. Approximate dollar value of such dealing.

**6.5 BILLION**

12.a. Nature of interest held or income received.

**MEMBER OF BOARD OF**  
**DIRECTORS.**  
**DINNER (2) \$92.57**  
**CHRISTMAS BASKET 150.00**  
**(OVER)**

12.b. Amount.

**\$242.57**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

10-CONTINUED

THE OFFICERS & EMPLOYEES  
PENSION PLAN

753 STATE AVE, SUITE 565  
KANSAS CITY, KS 66101

11(a) MONEY MANAGER

CUSTODIAL BANK

(b) \$69,477,220

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BROTHERHOOD BANKSHARES**Trade Name, if any: **BROTHERHOOD BANK**

P.O. Box, Bldg., Room No., if any

Street **756 MINNESOTA AVE.**City **KANSAS CITY**State **KANSAS** ZIP Code + 4 **66101**

9. Business deals with:

☒ a. Labor Organization☒ b. Trust☐ c. Employer

\* If 9.b. or 9.c. is checked give trust or employer's name

Name **BOILERMAKERS BLACKSMITH NATIONAL PENSION TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **754 MINNESOTA AVE**City **KANSAS CITY**State **KANSAS** ZIP Code **66101-2766**

\* ALSO THE:  
NATIONAL ANNUITY TRUST  
NATIONAL HEW TRUST  
BOTH @ THE ABOVE ADDRESS  
(OVER)

11.a. Nature of such dealing.

THE BOILERMAKERS INTL.  
HAS STOCK INTEREST IN  
THE BANK.

(OVER)

11.b. Approximate dollar value of such dealing.

**\$16.5 MILLION**

12.a. Nature of interest held or income received.

I HAVE 60SHARES OF  
BANK STOCK

12.b. Amount.

**0**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

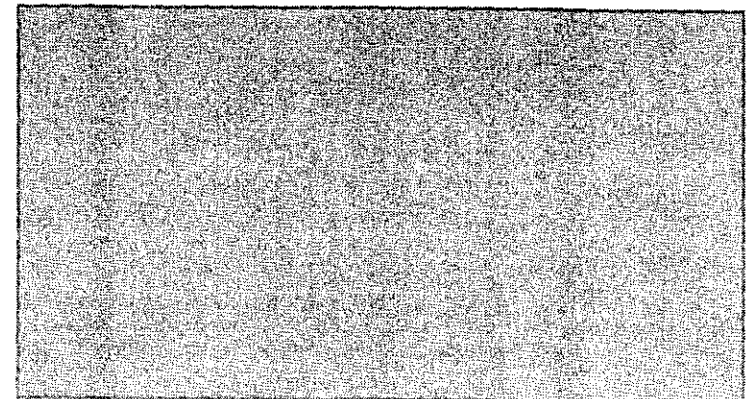
Street

City

State ZIP Code + 4

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.a. Nature of payment.



14.b. Amount of payment

10-CONTINUED

THE OFFICERS & EMPLOYEES  
PENSION PLAN

753 STATE AVE, SUITE 565

KANSAS CITY, KS 66101

11(a) MONEY MANAGER/CUSTODIAL BANK

CUSTODIAL BANK

(b) \$69,477,220

Name of Person Filing **JOSEPH A. STINGER**

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **BROTHER BANK SHARES**Trade Name, if any: **BROTHERHOOD BANK**

P.O. Box, Bldg., Room No., if any

Street **756 MINNESOTA AVENUE**City **KANSAS CITY**State **KANSAS** ZIP Code + 4 **66101**

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

\* **BOILERMAKERS BLACKSMITH**  
Name **NATIONAL PENSION TRUST**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **754 MINNESOTA AVE**City **KANSAS CITY**State **KS** ZIP Code **66101-2746**

\* **ALSO:**  
**NATIONAL ANNUITY TRUST**  
**NATIONAL H & W TRUST**  
**BOTH @ THE ABOVE ADDRESS**  
**(OVER)**

11.a. Nature of such dealing.

**THE BOILERMAKERS INTL.**  
**HAS INTEREST IN THE**  
**BANK WITH STOCK**

11.b. Approximate dollar value of such dealing.

**\$76.5 MILLION**

12.a. Nature of interest held or income received.

**I AM A MEMBER OF THE**  
**BANKS BOARD OF DIRECTORS,**  
**TRUST & INVESTMENT &**  
**LOAN/DISCOUNT COMMITTEES**

12.b. Amount.

**\$36,500**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

10-CONTINUED

THE OFFICERS & EMPLOYEES PENSION PLAN  
753 STATE AVE  
KC, KS 66101

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